

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98952 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 30<sup>th</sup> 1887

Full Name of Deceased, Florence Thomas { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 7 Years, 11 Months, 22 Days.

Color, Black

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, —

Birth Place, Baltimore, Md { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, —

Place of Death, 1722 The Cobbin St { Give Street and Number. }

Cause of Death, Pneumonia { First (Primary), }  
Three days { Second (Immediate), }

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2 1887

Undertaker, Charles S Butler D W Cathers M. D.

Medical Attendant.

Place of Business, 510 N Caroline St Address, 4 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

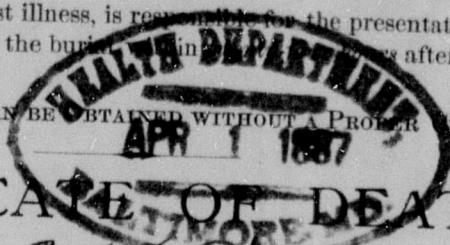
Permit No. 98953

Office of Registrar of Vital Statistics.

Ward 11<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within a reasonable time after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, March 31/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward L. Mahammitt

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 63 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Waiter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Frederick Co Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and number. } 526 St Mary St.

Cause of death, { First, (Primary,) \_\_\_\_\_ Second, (Immediate,) Apoplexy }

Duration of Last Sickness, A few hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3, 1887

Undertaker, Alex Henry

Place of Business, 561 Orchard St

H. C. Frothingham M. D.,  
Medical Attendant.  
Address, 416 W. Biddle St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 98957 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George D. Whisley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, Months, Days,

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 928 Jenkins Alley

Cause of Death, { First (Primary), Hemorrhage }  
Second (Immediate)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2, 1887

Undertaker, Alex Sprunsky

Place of Business, 561 Orchard St Address, 1100 Linden Avenue

William Dodson M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98953

Office of Registrar of Vital Statistics.

Ward 11<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Mar 29 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanche Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 18 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Wc

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give Street and Number. } 808 Tyson St

Cause of Death, { First (Primary), Second (Immediate), } Consumption of lungs

Duration of Last Sickness, 18 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 2 1887 G Larr Tennyson M. D.

Undertaker, Alex Hensley

Medical Attendant.

Place of Business, 561 Archard Address, 992 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. *98956* Office of Registrar of Vital Statistics.

Ward *1<sup>st</sup>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *April 1<sup>st</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Winnie Costello*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *27* Years, Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *married*

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *9 years*

Place of Death, { Give Street and Number. } *414 S Duncan Alley*

Cause of Death, { First (Primary), Second (Immediate), } *Phthisis Pulmonalis*

Duration of Last Sickness, *about 1 year*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross*

Date of Burial, *Apr 3 1887*

{ Undertaker, *G. Primmer* } *P. B. Damsch* M. D.

{ Place of Business, *Grant & York* } Address, *1727 E. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 98957 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 10, 1887

Full Name of Deceased, Frederick D. Gallner (Write legibly and spell correctly. If an Infant not named, give names of parents.)

Sex, Male or Female, Male (Cross out the word not required in this line.)

Age, 37 Years, 7 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, Single (Cross out the words not required in this line.)

Occupation, Barth City

Birth Place, Baltimore City (State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Life

Place of Death, No. 2434 Canton St. (Give Street and Number.)

Cause of Death, Pharyngitis (First (Primary), Second (Immediate),)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, April 1st 87

Undertaker, G. France M. D.

Place of Business, Bank & Wolfe St. Address, 111 S. Calver St. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98958

Office of Registrar of Statistics.

Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 30 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Rebecca Emory

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 78 Years,

Color, ~~Black~~ Months, Days

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,   
 Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md,

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 1340 Whitcoat St  
Cause of Death, {First (Primary), Old Age,  
Second (Immediate),

Duration of Last Sickness,   
 All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, April 1 1887

Undertaker, S. Wallace

Place of Business, 641 Howard

Address,   
 Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98959 Office of Registrar of Vital Statistics. Ward 7<sup>th</sup>  
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within two to four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Martha Leary

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 86 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } \_\_\_\_\_

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give Street and Number. } 1215 E. Biddle st

Cause of Death, { First (Primary), Second (Immediate), } Intermittent Fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 3/87

{ Undertaker, Amshutz & Co } W. B. Billing M. D. Medical Attendant.

{ Place of Business, 267 Light } Address, 1206 E. Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 98960 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Mar 31<sup>st</sup> 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Vinyard.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 55 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Labourer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 949 Harmony Lane

Cause of Death, { First (Primary), Second (Immediate), } Chronic Gastritis  
Asthenia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 2<sup>nd</sup>

Undertaker, H. Lewis Schaefer J. Meller M. D.

Place of Business, 316 N. Fremont Address, 639 W. Franklin St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 98961

Office of Registrar of Vital Statistics.

Ward 7<sup>c</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 1, 1887 11:5 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Potz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Dressmaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give Street and Number. } 900 N Bond St

Cause of Death, { First (Primary), Second (Immediate), } Phosphorus Poisoning  
Heart fracture

Duration of Last Sickness, 13 hours (Suicide)

All the above information should be furnished by the Physician.

Place of Burial, Bohemian National cemetery

Date of Burial, April 2nd 1887

Undertaker, Frank Brach A. L. Gage M. D.

Medical Attendant.

Place of Business, 827 N. Durham St Address, 1053 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]